

# **Appendix I: Parent Health and Safety Survey**



Altoona School District  
1903 Bartlett Ave Altoona, WI 54720  
School Health Service

*Pedersen Elementary*

### **Survey:**

## **What do parents think about health and wellness in the Altoona School District?**

- ✓ Do you believe the following components should be included in your child's education? Circle **Yes** or **No**
- ✓ Rank the components as to level of importance (1 being of most importance 13 being of least importance).
- ✓ Place a check by the areas that you feel should be required.

1. A variety of opportunities for children to be physically active during the school day **Yes or No**
2. Education and the promotion of physical activity opportunities **Yes or No**
3. After-school programs that promote physical activity and healthy snacks **Yes or No**
4. Daily promotion of healthy food choices in school meals **Yes or No**
5. Breakfast offered at schools to all children on a daily basis **Yes or No**
6. Information/education to parents on sound nutrition and the importance of physical activity **Yes or No**
7. Nutrition education in all grades **Yes or No**
8. Physical activity integrated into classroom activities **Yes or No**
9. Nutrition standards for all foods/beverages on the school campus **Yes or No**
10. Daily physical education for all students **Yes or No**
11. Recess offered on a daily basis **Yes or No**
12. Restricting the availability of high-calorie, low-nutrient foods on the school campus **Yes or No**
13. School health council that includes parents, students, teachers, administrators and others **Yes or No**

Please return this to school with your child.

Thanks for your interest and participation.

# SURVEY ABOUT WALKING AND BIKING TO SCHOOL

## - FOR PARENTS -

**Dear Parent or Caregiver,**

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

School Name: \_\_\_\_\_

**Completing this form: Please write with CAPITAL letters. Mark boxes with "X" instead of "✓".**

1. What is the grade of the child who brought home this survey? (K - 8)  grade
2. Is the child who brought home this survey male or female? ☐ MALE ☐ FEMALE
3. How many children do you have in Kindergarten through 8<sup>th</sup> grade?  children
4. What is the street intersection nearest your home? (provide the names of two intersecting streets)

_____	AND	_____
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5. How far does your child live from school? (choose one and mark box with X)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> a. less than 1/4 mile      | <input type="checkbox"/> c. 1/2 mile up to 1 mile | <input type="checkbox"/> e. More than 2 miles |
| <input type="checkbox"/> b. 1/4 mile up to 1/2 mile | <input type="checkbox"/> d. 1 mile up to 2 miles  | <input type="checkbox"/> f. Don't know        |

6. On most days, how does your child arrive at school and leave for home after school? (select one choice per column, mark box with X)

Arrive at school	Leave for home
<input type="checkbox"/> a. Walk	<input type="checkbox"/> a. Walk
<input type="checkbox"/> b. Bike	<input type="checkbox"/> b. Bike
<input type="checkbox"/> c. School Bus	<input type="checkbox"/> c. School Bus
<input type="checkbox"/> d. Family vehicle (only with children from your family)	<input type="checkbox"/> d. Family vehicle (only with children from your family)
<input type="checkbox"/> e. Carpool (riding with children from other families)	<input type="checkbox"/> e. Carpool (riding with children from other families)
<input type="checkbox"/> f. Transit (city bus, subway, etc.)	<input type="checkbox"/> f. Transit (city bus, subway, etc.)
<input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.)	<input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.)

7. How long does it normally take your child to get to/from school? (fill-in circle for one choice per column)

Travel time to school	Travel time from school
<input type="checkbox"/> a. Less than 5 minutes	<input type="checkbox"/> a. Less than 5 minutes
<input type="checkbox"/> b. 5 - 10 minutes	<input type="checkbox"/> b. 5 - 10 minutes
<input type="checkbox"/> c. 11 - 20 minutes	<input type="checkbox"/> c. 11 - 20 minutes
<input type="checkbox"/> d. More than 20 minutes	<input type="checkbox"/> d. More than 20 minutes
<input type="checkbox"/> e. Don't know / Not sure	<input type="checkbox"/> e. Don't know / Not sure

8. Has your child asked you for permission to walk or bike to/from school in the last year? (select one)

☐ YES ☐ NO

9. At what grade would you allow your child to walk or bike without an adult to/from school?

(select a grade between K - 8)  grade (or ☐ I would not feel comfortable at any grade)

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (select all that apply, mark with X in box)

- ☐ Distance
- ☐ Convenience of driving
- ☐ Time
- ☐ Child's before or after-school activities
- ☐ Speed of traffic along route
- ☐ Amount of traffic along route
- ☐ Adults to walk or bike with
- ☐ Sidewalks or pathways
- ☐ Safety of intersections and crossings
- ☐ Crossing guards
- ☐ Violence or crime
- ☐ Weather or climate

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (select one choice per line)

(☐ My child already walks or bikes to/from school)

- |                              |                             |                                   |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school? (select one, mark with X in box)

Strongly Encourage ☐ Encourage ☐ Neither ☐ Discourage ☐ Strongly Discourage ☐

13. How much FUN is walking or biking to/from school for your child? (select one)

Very Fun ☐ Fun ☐ Neutral ☐ Boring ☐ Very Boring ☐

14. How HEALTHY is walking or biking to/from school for your child? (select one)

Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy ☐

15. What is the highest grade or year of school you completed? (select one, mark with X in box)

- |   |  |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary)        | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate)              |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer                                    |

16. Please provide any additional comments below:


Thank you for participating in this survey!